



Application for Neighborhood College Program

September 13 – November 16, 2021

Name _____ Date _____

Address _____

Email _____

Phone _____

Occupation _____

Briefly state why you are interested and wish to participate in the Neighborhood College program.

Have you had any prior experience in city government, such as serving on a board or commission?
Yes ___ No ___ If yes, explain.

Please list your membership(s) in any non-governmental organizations:

Please accept my application to become a candidate of the Neighborhood College program.

Signature

Date

The City of Hickory does not discriminate on the basis of age, sex, race, religion, national origin, or handicapping conditions. Should special accommodations be necessary in order for an individual with a disability to participate in this program, please call Sarah Killian at (828) 261-2290.

Voluntary Survey: Please check the relevant data that applies to you.

Your filling out this section will help to ensure our goal to have diverse representation in the program.

Sex:

___ Male

___ Female

Ethnicity:

___ White

___ Hispanic

___ African American

___ Native American

___ Asian

___ Other

Age: (Circle One)

15-20

21-29

30-39

40-55

56-65

66+

How long have you lived in the City of Hickory? _____

Please submit completed application: Email to skillian@hickorync.gov; Mail to City of Hickory, ATTN: Sarah Killian, P.O. Box 398, Hickory, NC 28603; or Fax to (828) 323-7550.